

Department of Health

www.dchealth.dc.gov

Description	FY 2003 Approved	FY 2004 Proposed	% Change
Operating Budget	\$1,448,067,026	\$1,510,608,815	4.3

The mission of the Department of Health (DOH) is to provide health risk identification, public education, prevention and control of diseases, injuries, and exposure to environmental hazards, effective community collaborations, and optimal equitable access to community resources, to residents, visitors and those doing business in the District of Columbia so they can be healthy and safe and maintain the highest quality of life.

Did you know...

The Health Care Safety Net created a new and expanded array of service delivery sites that include six network hospitals, 28 neighborhood clinics and 820 primary care providers.

From 1991 to 2000, The District's infant mortality rate declined 41.1% from 20.2 to 11.9 deaths per 1,000 live births.

The State Center for Health Statistics provides birth and death certificates to 100,000 customers annually.

The Department has a 24-hour bilingual emergency health call center.

The number of new AIDS cases dropped 40% between 1998 and 2001.

The Immunization Program led a successful initiative, which immunized all eligible public and charter school children in 2002.

The D.C. Medicaid program obtained federal approval to provide expanded home and community based services to the elderly and persons with mental retardation. The Medicaid program financed healthcare services for approximately 144,000 District residents in FY 2002. The Medical Assistance Administration obtained Federal government approval in December 2002 to finance healthcare services for District women screened for

breast and cervical cancer.

The Childhood Lead Poisoning, Screening and Education Program provides free screening to children under 6, and pregnant mothers in an effort to identify children who may have been exposed to lead.

80% verification of professional licenses were completed using our website.

The animal shelter provides homes through adoption for more than 1,600 stray and unwanted animals per year.

Where the Money Comes From

Table HC0-1 shows the sources of funding for the Department of Health

Table HC0-1

FY 2004 Proposed Operating Budget, by Revenue Type

(dollars in thousands)

	Actual FY 2001	Actual FY 2002	Approved FY 2003	Proposed FY 2004	Change From FY 2003	Percent Change
Local Fund	356,499	422,735	430,577	468,215	37,639	8.7
Special Purpose Revenue Fund	8,900	9,389	26,324	18,413	-7,911	-30.1
Total for General Fund	365,399	432,124	456,901	486,628	29,728	6.5
Federal Payments	0	1,621	0	0	0	0.0
Federal Grant	744,491	780,370	135,469	138,435	2,966	2.2
Federal Medicaid Payments	0	0	847,074	879,615	32,542	3.8
Total for Federal Resources	744,491	781,990	982,542	1,018,050	35,508	3.6
Private Grant Fund	317	1,346	1,850	434	-1,416	-76.5
Total for Private Funds	317	1,346	1,850	434	-1,416	-76.5
Intra-District Fund	2,741	10,257	6,774	5,496	-1,278	-18.9
Total for Intra-District Funds	2,741	10,257	6,774	5,496	-1,278	-18.9
Gross Funds	1,112,948	1,225,718	1,448,067	1,510,609	62,542	4.3

In view of its transition to Performance Based Budgeting in FY 2004, DOH is committed to strengthening the framework that aligns it with the Citywide Strategic Priority area goals of Strengthening Children, Youth, Families, and Individuals and Making Government Work. This commitment finds expression in a programmatic structure designed to effectively implement the Mayor's initiatives of moving the District's health care system toward community based prevention and primary care, keeping children and families healthy, reducing unnecessary hospitalization, and ultimately reducing the burden of disease in the District's population.

DOH plans to fulfill its mission by achieving the following strategic goals:

- Continue to improve the health status of District residents.
- Reduce disparities in health status due to ethnicity, income and geographic location.
- Make health policy and strategy decisions that will be informed by accurate health information depicting health trends and program outcomes.

- Coordinate enhanced rapid response capacity with other District agencies and surrounding jurisdictions to respond quickly and effectively to emergencies especially bio-terrorism, natural disasters and health related situations.
- Implement an aggressive health assurance program to ensure compliance with regulatory requirements.
- Maximize the amount of private, Federal and other resources available for programs and support services to residents of the District of Columbia.
- Finance, design, and implement a cost-effective health care delivery system that enhances District residents' access to quality health care.
- Establish and maintain effective and efficient Medicaid and other third party billing and collection processes to ensure optimal reimbursement for federally reimbursable services provided by the Addiction Prevention and Recovery Administration.

How the Money is Allocated

Tables HC0-2 and 3 show the FY 2004 proposed budget for the agency at the Comptroller Source Group level (Object Class level) and FTEs by fund type.

Table HC0-2

FY 2004 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

	Actual FY 2001	Actual FY 2002	Approved FY 2003	Proposed FY 2004	Change from FY 2003	Percent Change
11 Regular Pay - Cont Full Time	24,205	42,745	40,110	39,290	-820	-2.0
12 Regular Pay - Other	20,183	9,644	30,087	29,044	-1,043	-3.5
13 Additional Gross Pay	1,817	547	952	567	-384	-40.4
14 Fringe Benefits - Curr Personnel	7,747	9,247	11,051	11,863	813	7.4
15 Overtime Pay	0	744	0	530	530	100.0
Subtotal Personal Services (PS)	53,952	62,928	82,199	81,295	-904	-1.1
20 Supplies and Materials	1,848	3,572	4,102	2,696	-1,406	-34.3
30 Energy, Comm. and Bldg Rentals	451	376	660	319	-341	-51.7
31 Telephone, Telegraph, Telegram, Etc	1,305	1,439	377	1,386	1,009	267.3
32 Rentals - Land and Structures	11,396	11,925	11,213	13,158	1,945	17.3
33 Janitorial Services	1	29	45	24	-21	-46.9
34 Security Services	0	1,934	1,826	2,266	441	24.1
40 Other Services and Charges	6,581	15,096	15,677	11,695	-3,982	-25.4
41 Contractual Services - Other	68,607	198,936	179,447	203,717	24,270	13.5
50 Subsidies and Transfers	966,580	926,391	1,148,148	1,190,200	42,053	3.7
70 Equipment & Equipment Rental	2,224	2,735	4,373	3,476	-898	-20.5
80 Debt Service	0	0	0	377	377	100.0
91 Expense Not Budgeted Others	0	357	0	0	0	0.0
Subtotal Nonpersonal Services (NPS)	1,058,996	1,162,790	1,365,868	1,429,314	63,446	4.6
Total Proposed Operating Budget	1,112,948	1,225,718	1,448,067	1,510,609	62,542	4.3

Gross Funds

The proposed budget is \$1,510,608,815, representing an increase of 4.3 percent over the FY 2003 budget of \$1,448,067,026. There are 1,328.96 total FTEs for the agency, a decrease of 56.2, or 4.1 percent, from FY 2003.

General Fund

Local Funds. The proposed budget is \$468,215,183, an increase of \$37,638,508 or 8.7 percent over the FY 2003 approved budget of

\$430,576,675. There are 443 FTEs funded by Local sources, representing a decrease of 3.3 from FY 2003 to account for transfer of adjudicative functions to the Office of Administrative Hearings (OAH). The FY 2004 gap closing measures accounts for a decrease of 6 FTEs for closure of the tuberculosis clinic, and 4 FTEs for reduction of services at the STD clinic.

Changes from the FY 2003 Approved Budget are:

- An increase of \$8,122,000 for the Health

Table HC0-3

FY 2004 Full-Time Equivalent Employment Levels

	Actual FY 2001	Actual FY 2002	Approved FY 2003	Proposed FY 2004	Change from FY 2003	Percent Change
<u>General Fund</u>						
Local Fund	302	485	456	443	-13	-2.9
Special Purpose Revenue Fund	33	52	94	111	17	18.6
Total for General Fund	334	537	550	554	4	0.8
<u>Federal Resources</u>						
Federal Grant	608	591	822	681	-141	-17.2
Federal Medicaid Payments	0	0	0	78	78	100.0
Total for Federal Resources	608	591	822	759	-63	-7.7
<u>Private Funds</u>						
Private Grant Fund	0	1	8	8	0	0.0
Total for Private Funds	0	1	8	8	0	0.0
<u>Intra-District Funds</u>						
Intra-District Fund	4	4	5	8	3	60.0
Total for Intra-District Funds	4	4	5	8	3	60.0
Total Proposed FTEs	947	1,134	1,385	1,326	-56	-4.1

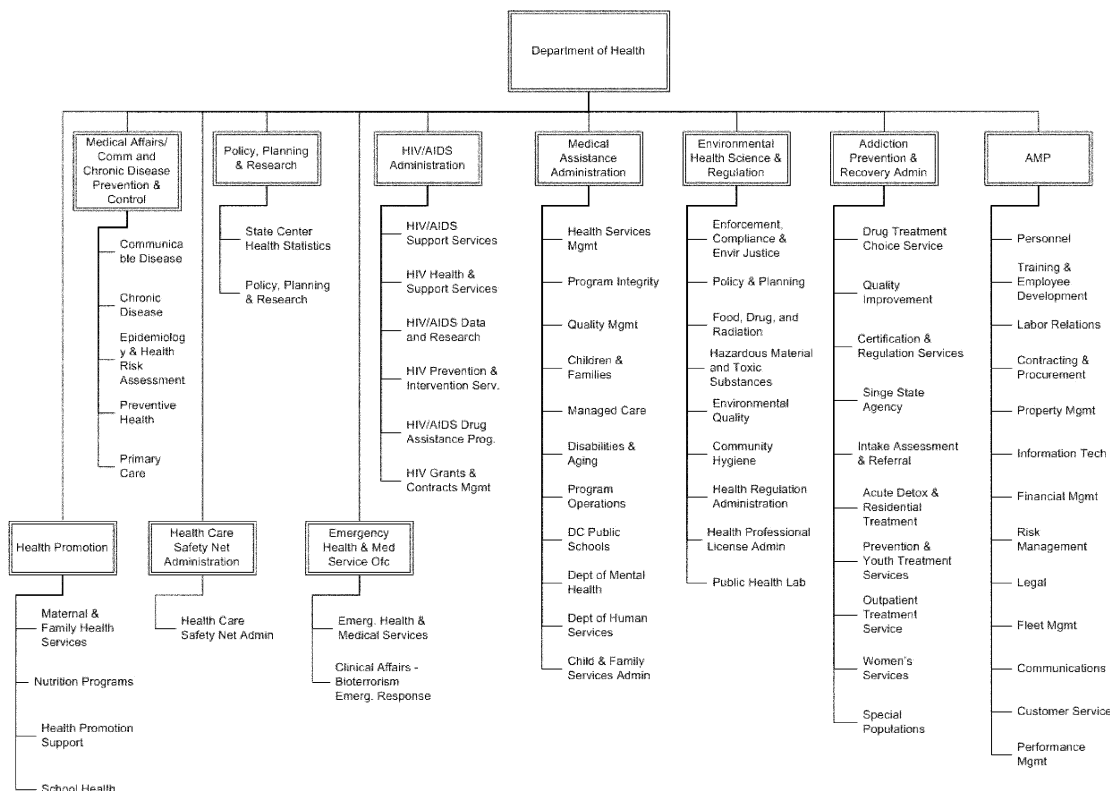
Care Safety Net contract.

- An increase of \$11,364,993 for Medicaid institutional and managed care services.
- An increase of \$10,211,349 for Medicaid fee-for-service primary care physician, specialty provider, and pharmacy access services.
- An increase of \$6,439,747 for Medicaid waiver services.
- An increase of \$93,576 in fixed costs reflects revised OFRM estimates.
- A reduction of \$304,226 to adjust for transfer of budget authority to the Office of Administrative Hearings (OAH) with respect to administrative litigations relating to health care facilities, health professional licensing, and environmental regulatory violations.
- A reduction of \$108,000 to adjust for transfer of fixed costs liability to the Office of the Chief Medical Examiner (OCME).
- An increase of \$7,750,000 reflecting a mayoral enhancement for Medicaid services and the Health Care Safety contract. Funding

includes \$2,640,531 for Medicaid contractual services pertaining to expert witness, audit, and rate study; \$409,469 for the Medicaid Resource Center contract, and \$4,700,000 for the Health Care Safety Net School Health program.

- A reduction of \$557,000 reflecting a restructuring of the Preventative Health Program.
- A reduction of \$2,000,000 reflecting a restructuring in D.C. general access fee.
- A reduction of \$1,500,000 reflecting a restructuring of management span of control.
- A reduction of \$1,589,000 in personal services reflecting gap closing measures for FY 2004.
- A reduction of \$661,931 in nonpersonal services reflecting gap closing measures for FY 2004.
- An increase of \$377,000 for equipment debt service.

Figure HC0-1
Department of Health



Special Purpose Revenue Funds. The proposed budget is \$18,413,075, a decrease of \$7,910,805 or 30.1 percent from the FY 2003 approved budget of \$26,323,880. There are 111.14 FTEs funded by Special Purpose sources, representing an increase of 17.4 over FY 2003. The additional FTEs accounts for preventive health services that will be provided to the University of the District of Columbia and in-house professional licensing functions that were previously funded through contractual services.

Changes from the FY 2003 Approved Budget are:

- A reduction of \$12,325,684 reflects prior year revenues that Council approved to be carried over to the agency's FY 2003 proposed budget.
- A reduction of \$401,678 to adjust for ORA's FY 2004 O-type revenue certification.
- A reduction of \$183,443 to account for transfer of budget authority to the Office of

Administrative Hearings (OAH).

- An increase of \$5,000,000 for anticipated revenue from cost report collections pertaining to the Health Care Safety Net Administration.

Federal Funds

Federal Grants. The proposed budget is \$138,434,991, an increase of \$2,966,351, or 2.2 percent over the FY 2003 approved budget of \$135,468,640. There are 680.8 FTEs funded by Federal Grant sources, representing a decrease of 141.4 from FY 2003. Reallocation of Federal Medicaid funded FTEs that were previously included under Federal grants partly account for reduction in FTEs.

Changes from the FY 2003 Approved Budget are:

- A reduction of \$1,721,676 in personal services in keeping with FTE reductions.
- An increase of \$1,471,154 for additional supplies and equipment purchases.

- An increase of \$2,569,282 reflects grant funds appropriated for agency managed fixed costs.
- An increase of \$232,992 for other services and contractual requirements.
- An increase of \$414,599 for subsidy payments and transfers

Federal Medicaid Payment. The proposed budget is \$879,615,217, an increase of \$32,541,502 over the FY 2003 approved budget of \$847,073,715. There are 78 FTEs funded by Federal Medicaid. These FTEs were not distinct in FY 2003.

Changes from the FY 2003 Approved Budget are:

- An increase of \$26,518,316 reflects appropriate Federal match for Medicaid institutional and managed care services.
- An increase of \$23,826,480 reflects appropriate Federal match for Medicaid fee-for-service primary care physician, specialty provider, and pharmacy access services.
- An increase of \$15,026,076 reflects appropriate Federal match for g for Medicaid fee-for-Medicaid waiver services.
- An increase of \$6,928,609 to adjust for ORA's FY 2004 certification of Medicaid revenue with respect to D.C. Public Schools (DCPS).
- A reduction of \$19,833,477 to adjust from the revised FY 2003 funding level.
- A reduction of \$9,610,961 to adjust for ORA's FY 2004 certification of Medicaid revenue with respect to the Child and Family Services Administration (CFSA).
- A reduction of \$7,144,962 to adjust for ORA's FY 2004 certification of Medicaid revenue with respect to the Department of Mental Health (DMH).
- A reduction of \$3,000,000 to adjust for ORA's FY 2004 certification of Medicaid revenue with respect to the Department of Human Services (DHS).
- A reduction of \$168,579 to properly align funding with personal and nonpersonal activities.

- In order to establish consistency and align the Federal medicaid Payment budget across agencies providing Medicaid related services, OBP will transfer the ORA certified funding levels to the following provider agencies through Intra-District funding agreements:
 - DCPS - \$23,252,609
 - DMH - \$53,155,038
 - CFSA - \$32,753,039

Private Funds

The proposed budget is \$434,336, a decrease of \$1,415,664 or 77 percent from the FY 2003 approved budget of \$1,850,000. There are 8 FTEs funded by Private sources, representing no change from FY 2003. However funding for six FTEs will expire in the first quarter of FY 2004 thereby decreasing the effective FTE ceiling to two for the remaining portion of the fiscal year.

Changes from the FY 2003 approved budget are:

- A reduction of \$346,682 in personal services to reflect expiration of Walter Kellogg Foundation Community Voices grant in the first quarter of FY 2004. OBP will reduce the agency's FTE ceiling by 6 to adjust for this change in funding level.
- A reduction of \$1,068,982 in nonpersonal services to reflect decreased funding from the American Legacy Foundation and the Walter Kellogg Foundation.

Intra-District Funds

Intra-District Funds. The proposed budget is \$5,496,013, representing a decrease of \$1,278,103 or 18.9 percent from the FY 2003 approved budget of \$6,77,116.

There are 8 FTEs funded by Intra-District sources, representing a net increase of 3 over FY 2003. Two FTEs have been transferred to the Office of Administrative Hearings to adjust for transfer of adjudicative functions from the Department of Health.

Changes from the FY 2003 Approved Budget are:

- An increase of \$44,037 in personal services.
- A reduction of \$402,090 reflects funding primary care services to the University of the District of Columbia that will be collected as O-type revenue in FY 2004.

- A reduction of \$920,050 for the D.C. Public Schools health nursing services.

Programs

The Department of Health fulfills its mission by operating several key public health programs:

Addiction Prevention and Recovery (APRA) Administration

	FY 2003*	FY 2004
Budget	\$36,989,812	\$33,352,242
FTEs	-	187

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The APRA program provides the highest quality regulatory standards for the delivery of prevention and treatment services to the District citizens who are addicted or at risk of becoming addicted to alcohol, tobacco and other drugs.

APRA serve as the District's Single State Agency for the prevention and treatment of substance abuse. This is accomplished via development and enforcement of the highest quality regulatory standards for delivery of services related to alcohol, tobacco and drug abuse. In addition to its preventive functions, APRA identifies, treats and rehabilitates addicted individuals within the District of Columbia. APRA also provides oversight, ensure access, sets standards and monitors the quality of services delivered within an ongoing continuum of substance abuse prevention and treatment.

Providing the residents of the District with a comprehensive and accredited range of services, APRA is staffed by highly trained and compassionate professionals. As a result, APRA offers effective residential, outpatient and aftercare programs as it collaborates with community organizations, schools and religious institutions to help those in need.

The APRA philosophy is multi-faceted and multi-targeted, and supported by a results oriented methodology that utilizes a science based approach to substance abuse prevention and treatment. Hence, APRA combines three fundamental elements to provide the most effective

and innovative strategies in the Districts fight against alcohol, tobacco and other drug abuse. Those strategies are; prevention, treatment and aftercare. APRA's services are carried out in the activities depicted in the program structure. The following are brief descriptions of activities that occur within this program:

- Outpatient Treatment Services - This provides outpatient treatment services to those District of Columbia residents who are addicted to or abusing drugs, including opiates, so they can receive appropriate outpatient treatment services.
- Implementation of Drug Treatment Choice - This provides increased access to substance abuse treatment to residents of the District of Columbia so they can receive appropriate services from the treatment provider of their choice.
- Intake Assessment and Referral - This provides assessment and referral services to District residents seeking or remanded to substance abuse treatment so they can obtain an assessment and be referred to an appropriate level of care in a timely manner.
- Acute Detox and Residential Treatment - This provides acute detoxification and residential treatment services to District residents who are abusing substances or are addicted to substances so they can access those services in a timely manner and ensure those services are effective.
- Special Population Services - This provides substance abuse prevention, outreach and treatment services to special populations so they can access treatment services specific to their special needs.
- Prevention and Youth Treatment Services - This provides substance abuse prevention and treatment services for children, youth and their families so they can delay the onset of alcohol and tobacco use and youth receive the needed substance abuse treatment.
- Women's Services - This provides outpatient substance abuse treatment, and services to women, women with children and pregnant women so they can receive treatment services that meet the needs of women and their families.

- Certification and Licensing - This provides certification standards and certification under those standards to providers of substances abuse and addiction services so they can provide a level of care that meet the substance abuse regulation standards.
- Quality Improvement - This provides a structure for the management of the Quality Improvement process to APRA staff and clients receiving APRA services so they can identify areas where services can be improved.
- Single State Agency - This provides the citizens of the District with access to the highest standard of addiction services at a reasonable cost, so they can reduce the debilitating effects of substance abuse.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 1: Addiction Prevention and Recovery Administration

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families and Elders

Manager(s): William Steward, Interim Senior Deputy Director

Supervisor(s): James A. Buford, Director

Measure 1.1: Percent increase in certified treatment programs capacity

	Fiscal Year	
	2004	2005
Target	15	15
Actual	-	-

Measure 1.2: Percent reduction of addicted residents in the District of Columbia (baseline: FY 2001 estimate = 60,000)

	Fiscal Year	
	2004	2005
Target	10	16
Actual	-	-

Measure 1.3: Percent of patients who receive a treatment plan

	Fiscal Year	
	2004	2005
Target	100	100
Actual	-	-

Measure 1.4: Percent of patients admitted to outpatient

treatment who meet their treatment plan objectives

	Fiscal Year	
	2004	2005
Target	60	70
Actual	-	-

Measure 1.5: Percent of DC residents to receive prevention information

	Fiscal Year	
	2004	2005
Target	30	30
Actual	-	-

Measure 1.6: Percent of youth in need of treatment services served

	Fiscal Year	
	2004	2005
Target	10	20
Actual	-	-

Measure 1.7: Percent of clients who receive an initial assessment within the same day of presentation

	Fiscal Year	
	2004	2005
Target	100	100
Actual	-	-

Measure 1.8: Percent of clients assessed who are referred to treatment

	Fiscal Year	
	2004	2005
Target	80	80
Actual	-	-

HIV/AIDS Administration

	FY 2003*	FY 2004
Budget	\$68,018,224	\$74,304,208
FTEs	-	25

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The HIV/AIDS program provides a comprehensive system of HIV/AIDS prevention and care services to District residents and the Washington Area's Eligible residents so they can minimize their change of infection and live healthier lives. The following are brief descriptions of activities that occur within this program:

- HIV Health and Support Services - This provides capacity building services to District and Washington Eligible Metropolitan Area

community service providers so they can expand access to treatment and support services for those impacted by HIV/AIDS.

- HIV/AIDS Data Research - This provides HIV/AIDS data and analytical information, reports and studies to the District's Department of Health and community stakeholders so they can have timely access to current HIV/AIDS data and information.
- HIV Prevention and Intervention Services - This provides HIV counseling and testing, education, information, referrals and intervention services to District residents so they can prevent new HIV infections or re-infections.
- HIV/AIDS Support - This provides administrative, operational and financial support services to the District's Department of Health, HIV/AIDS Administration employees and programs so they can effectively implement HIV/AIDS initiatives and services.
- HIV/AIDS Drug Assistance Program (ADAP) - This provides drugs at no cost to eligible District residents who are HIV positive or have AIDS so they can have access to life sustaining medications and treatment support.
- Grants and Contracts Management - This provides grants and contract oversight and monitoring services to the Department of Health's HIV/AIDS Administration and service providers so they can ensure the proper utilization of resources for the delivery of HIV/AIDS services to residents in the Washington Eligible Metropolitan Area.

HAA provides a community based continuum of care that provides medical support services to District residents; HIV counseling and testing services; data and information on HIV/AIDS programs and services as well as the impact of HIV/AIDS in the community. HAA also maintains analyses and reports on HIV health services and prevention services data; provides HIV/AIDS intervention programs and services to resident of the District of Columbia; provides access to HIV/AIDS related medications to low income residents who have limited or no cover-

age from private insurance; provides oversight and monitoring of Federal and Local grants for the HIV/AIDS program; and, provides community planning activities, and outreach services.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 2: HIV/AIDS Administration

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families and Elders

Manager(s): Ronald E. Lewis, M.P.P.

Supervisor(s): James A. Buford, Director

Measure 2.1: Percent decrease of residents reported positive for HIV (3.8% in FY 2003)

	Fiscal Year	
	2004	2005
Target	3.5	3.3
Actual	-	-

Measure 2.2: Percent of awarded funds expended (95% in FY 2003)

	Fiscal Year	
	2004	2005
Target	98	98
Actual	-	-

Measure 2.3: Percent increase of existing providers who have expanded HIV/AIDS treatment and support services (20% in FY 2003)

	Fiscal Year	
	2004	2005
Target	25	25
Actual	-	-

Measure 2.4: Percent decrease in newly diagnosed AIDS cases in the District of Columbia (10% in FY 2003)

	Fiscal Year	
	2004	2005
Target	10	10
Actual	-	-

Environmental Health Science

	FY 2003*	FY 2004
Budget	\$42,369,161	\$31,933,673
FTEs	-	421

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The Environmental Health Science and

Regulation (EHSR) program provides oversight and policy guidance, planning and support services to its programs so they can ensure effective implementation of health regulations in the District of Columbia. The following are brief descriptions of activities that occur within this program:

- **Food, Drug, and Radiation Protection** - This provides inspections, compliance and education outreach services to pharmacies, food establishments, and operators of x-ray equipment so they can accurately fill prescriptions, provide wholesome food, , and render effective radiographic services to the public.
- **Hazardous Material and Toxic Substances** - This provides source reduction and environmental enhancement services to District residents and visitors so they can minimize disease and dysfunctions from environmental exposures.
- **Environmental Quality** - This provides monitoring, inspections, enforcement, compliance and education outreach services to the regulated community so that District of Columbia residents and visitors can enjoy clean air, safe water and an abundance of fish and wildlife.
- **Community Hygiene** - This provides animal and vector disease prevention, animal and vector control and code enforcement services to the residents and visitors of the District of Columbia so they can be protected from diseases transmitted from animals.
- **Health Regulation** - This provides monitoring, inspection, complaint investigation and technical assistance services to District health and childcare facilities to ensure that they are in compliance with District and Federal Laws and Regulations.
- **Health Professional Licensing Administration** - This provides licenses to qualified health care professionals so they can provide quality healthcare to District residents and visitors.
- **Public Health Laboratory** - This provides disease and medical condition detection services to DC residents and healthcare providers so they can have timely and accurate health status information.

- **Policy, Planning and Program Evaluation** - This provides public health policy guidance, program monitoring and evaluation, and program planning services to Environmental Health Science and Regulation program so they can shape goals and objectives for environmental health regulation in the District of Columbia.
- **Adjudication** - This provides administrative hearings and disposition services to government and private litigants so they receive a fair and impartial resolution to their case.
- **Enforcement, Compliance & Environmental Justice** - This provides enforcement support to environmental health programs, coordinates enforcement and compliance efforts, coordinates environmental reviews and implements the Environmental Health Administration's environmental justice program.

The EHSR identifies and assesses environmental issues and problems, provides a strong health assurance program, and provides public health policy guidance. It administers the District of Columbia compliance to Federal and District environmental and health regulation laws. This program includes organized and community efforts to prevent identify and counter environmental threats to the health of the public. This program has employed three basic public health strategies for assuring condition in which people can be healthy: assessment, policy development and assurance. Public Health Assurance involves assuring constituents that services necessary to achieve agreed upon goals are provided by encouraging action on the part of others, requiring action through regulation, or providing direct services.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 3: Environmental Health Science

and Regulation

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families and Elders

Manager(s): Theodore J. Gordon; James A.

Buford, Director; Kenneth Campbell

Supervisor(s): James A. Buford, Director

Measure 3.1: Percent increase in the number of EHSR persons trained

	Fiscal Year	
	2004	2005
Target	70	-
Actual	-	-

Measure 3.2: Percent of construction site assessments and storm water permit applications reviewed

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.3: Percent of annual targeted registered USTs

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.4: Percent of annual targeted inspections

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.5: Percent of screenings of children conducted for high blood lead levels

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.6: Percent of animals euthanized

	Fiscal Year	
	2004	2005
Target	50	-
Actual	-	-

Measure 3.7: Percent of animals adopted

	Fiscal Year	
	2004	2005
Target	12	-
Actual	-	-

Measure 3.8: Percent of enforcement actions that resulted in fines

Fiscal Year

	2004	2005
Target	80	-
Actual	-	-

Measure 3.9: Percent of premises abated for rodent control activity

	Fiscal Year	
	2004	2005
Target	30	-
Actual	-	-

Measure 3.10: Percent of health care facilities licensed within 90 days of license expiration

	Fiscal Year	
	2004	2005
Target	75	-
Actual	-	-

Measure 3.11: Percent of complaints resolved

	Fiscal Year	
	2004	2005
Target	65	-
Actual	-	-

Measure 3.12: Percent of enforcement actions resolved

	Fiscal Year	
	2004	2005
Target	75	-
Actual	-	-

Measure 3.13: Percent of applications processed

	Fiscal Year	
	2004	2005
Target	92	-
Actual	-	-

Measure 3.14: Percent of licensing information on the web

	Fiscal Year	
	2004	2005
Target	22	-
Actual	-	-

Measure 3.15: Percent of nurse license renewals processed

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.16: Percent of policy guidance materials produced

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.17: Percent of fine order compliance

Fiscal Year

	2004	2005
Target	90	-
Actual	-	-

Measure 3.18: Percent of case dispositions on schedule

	Fiscal Year	
	2004	2005
Target	90	-
Actual	-	-

Measure 3.19: Percent increase in legal and guidance documents provided to programs

	Fiscal Year	
	2004	2005
Target	10	-
Actual	-	-

Measure 3.20: Percent of environmental assessment reports completed

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 3.21: Percent increase in compliance with regulations

	Fiscal Year	
	2004	2005
Target	10	-
Actual	-	-

Medical Affairs

	FY 2003*	FY 2004
Budget	\$13,624,266	\$13,558,033
FTEs	-	132

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The **Medical Affairs** program is to provide community based forums and grants, expert medical advice, health assessment reports, and disease investigations and disease control services to District residents, workers and visitors so they can improve their health status.

Medical Affairs is the principal office responsible for epidemiological surveillance, communicable disease control, chronic disease control, preventive health, and primary care in the District of Columbia. These efforts involve the assessment of D.C. health needs through ongoing and targeted epidemiological surveillance;

development of programs and policies to meet these needs; and evaluation of the results of these efforts.

Medical Affairs serves District residents, community groups, government agencies, health care providers, health care facilities, and numerous other stakeholders through direct and collaborative activities, efforts and initiatives. This program encompasses activities focused on preventive health management and services, chronic disease prevention and control, communicable disease prevention and control, health risk assessment and epidemiology and primary care. The following are brief descriptions of activities that occur within this program:

- **Communicable Disease** - This provides medical expertise, testing, educational and investigation activities related to infectious diseases to District residents and healthcare providers so they can become active partners in the prevention and control of infectious and vaccine preventable diseases.
- **Chronic Disease** - This provides medical expertise, health education, assessments, counseling and referral services to District residents so they can live longer lives free of disease-causing limitations and complications.
- **Epidemiology and Health Risk Assessment** - This provides health risk assessment services to program managers, healthcare providers, and District residents so steps can be taken to reduce or arrest mortality and morbidity.
- **Preventive Health** - This provides disease specific health programs and policies, medical oversight, and community based services to residents, visitors and workers of the District of Columbia so they can improve their health status.
- **Primary Care** - This provides assessments and recommendations for ensuring equal access to health services to residents of the District of Columbia, particularly the uninsured and underinsured so they can receive health care required to reduce health disparities.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 4: Medical Affairs

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families and Elders

Manager(s): Michael Richardson, MD, Senior

Deputy Director for Medical Affairs

Supervisor(s): James A. Buford, Director

Measure 4.1: Percent of providers placed in HPSA electing to remain after their commitment period

	Fiscal Year	
	2004	2005
Target	25	33
Actual	-	-

Measure 4.2: Percent of uninsured residents receiving services from primary care providers

	Fiscal Year	
	2004	2005
Target	33	45
Actual	-	-

Measure 4.3: Percent of children at risk referred to appropriate services

	Fiscal Year	
	2004	2005
Target	44	50
Actual	-	-

Measure 4.4: Percent of children at risk who receive a nurse home visit

	Fiscal Year	
	2004	2005
Target	29	35
Actual	-	-

Measure 4.5: Percent of reported critical outbreak cases investigated within 48 hours

	Fiscal Year	
	2004	2005
Target	95	97
Actual	-	-

Measure 4.6: Percent of District of Columbia Public School students in compliance with required immunizations and reflected in the registry

	Fiscal Year	
	2004	2005
Target	95	97
Actual	-	-

Measure 4.7: Percent of screened persons referred for chronic disease conditions

	Fiscal Year	
	2004	2005

Target	22	33
Actual	-	-

Measure 4.8: Percent of case-managed clients with abnormal screening results that receive timely and appropriate services

	Fiscal Year	
	2004	2005
Target	40	50
Actual	-	-

Health Care Safety Net Administration

	FY 2003*	FY 2004
Budget	\$73,784,670	\$88,661,952
FTEs	-	17

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The Health Care Safety Net Administration provides Fiscal and Managerial Services to the DC Health Care Alliance Program verifying that Health Care Services are Appropriate and rendered as billed; that services are provided by qualified providers to eligible recipients; that payments for those services are correct; so they can identify, prevent and deter fraud, abuse and/or misuse of funds. The key objective of its efforts is to ensure that cost-effective, high quality care services are available and accessible to the uninsured residents of the District of Columbia. This program is open to individuals who are residents of the District of Columbia, who have incomes that are at or below 200% of the Federal Poverty Level and have no other forms of health insurance. The following are brief descriptions of activities within this program:

- Patient Care, Ancillary, and Support Services
 - This provides funding to ensure that eligible uninsured residents of the District of Columbia are provided open access to condition appropriate, quality health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate system.
- Oversight, Monitoring, and Quality

Control - This ensures services are provided according the contractual requirements and approved standards of care.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 5: Health Care Safety Net Administration

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families and Elders

Manager(s): James A. Buford, Director

Supervisor(s): James A. Buford, Director

Measure 5.1: Percent of invoices reviewed and approved within 3 days from receipt of a valid invoice

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 5.2: Percent of monthly service utilization/claims that are reviewed and assured to not exceed annual approved budget

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 5.3: Percent of claims and eligibility files audited to assure compliance with adjudication and enrollment requirements

	Fiscal Year	
	2004	2005
Target	10	-
Actual	-	-

Measure 5.4: Number of medical chart audits per month to include an overall sample of .8% of primary care, inpatient care or emergency department services

	Fiscal Year	
	2004	2005
Target	1	-
Actual	-	-

Measure 5.5: On a monthly basis review all contractual requirements to ensure that contract terms are adhered to (percent adhered to)

	Fiscal Year	
	2004	2005
Target	80	-
Actual	-	-

Measure 5.6: Percent complete of all components of the financial reconciliation process and submit a complete report by the end of the reporting period

Fiscal Year

	2004	2005
Target	100	-
Actual	-	-

Medical Assistance Administration

	FY 2003*	FY 2004
Budget	\$1,166,184,800	\$1,209,082,013
FTEs	-	133

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The Medical Assistance Administration (MAA) develops, finances and implements a comprehensive plan for an accessible, efficient, high quality, cost-effective health care service delivery system that meets the health needs of uninsured and under-insured residents of the District of Columbia; to develop policy and provide fiscal and management oversight of the State Medicaid Program, State Children's Health Insurance Program (SCHIP), the Immigrant Children Program, and other programs designed to expand access to care; and to advance excellence in health promotion, disease management, and quality of life for uninsured and under-insured residents of the District of Columbia. The following are brief descriptions of activities that occur within this program:

- Health Services Management - This provides policy and finance and audit support services to the Medical Assistance Administration so they can administer medical assistance programs and operations.
- Program Integrity - This provides investigation and audit services to the Medical Assistance Administration so they can ensure that health care services and program dollars are appropriately and effectively utilized.
- Quality Management - This provides quality improvement services to all Medical Assistance Administration (MAA) components and activities so they can improve the quality and value of the health care and services provided to communities and individuals served by MAA.
- Children and Families - This provides outreach and enrollment services to Medicaid recipients and providers so they can access

services and provide improved quality, cost effective services to recipients.

- **Managed Care** - This provides oversight to managed care organizations that contract with MAA so they can provide quality, cost effective services to recipients.
- **Disabilities and Aging** - This monitors and oversees long-term care services to adult medical assistance enrollees so they can have improved quality services and provide enrollees with disabilities and the aged information on care options so they can access services in the least restrictive setting.
- **Program Operations** - This provides oversight of claims processing services to enrolled medical assistance providers so they can provide medical assistance services to eligible medical assistance clients.
- **DC Public School** - This provides programmatic oversight with respect to Medicaid State Plan Amendment and rules development, rate setting and annual cost report audit services so that the D.C. Public School system can claim Medicaid reimbursement accurately and appropriately.
- **Mental Health** - This provides programmatic oversight with respect to Medicaid State Plan Amendment and rules development, rate setting and annual cost report audit services so that the Department of Mental Health can claim Medicaid reimbursement accurately and appropriately.
- **Child and Family Services** - This provides programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so that the Child and Family Services Administration can claim Medicaid reimbursement accurately and appropriately.
- **Department of Human Services** - This provides programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so that the Department of Human Services can claim Medicaid reimbursement accurately and appropriately.

MAA coordinates these activities to support the

Mayor's health promotion and health care goals; to serve as the single state agency for the District government for policy development and the administration of the medical assistance program authorized by Title XIX of the Social Security Act and D.C. Code § 1-307.02 (Medicaid Program); to serve as the single state agency for the District government for policy development and the administration of the State Children's Health Insurance Program authorized by Title XXI of the Social Security Act and D.C. Code §1-307.05 (CHIP); and to administer the Immigrant Children Program authorized by DC Code, § 1-307.03(b) and the Medical Charities Program authorized by D.C. Code §4 -110.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 6: Medical Assistance Administration

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families and Elders

Manager(s): Wanda Tucker, Interim Senior

Deputy Director

Supervisor(s): James A. Buford, Director

Measure 6.1: Percent of the highest paid providers by categories of providers for fraud and abuse that are audited

	Fiscal Year	
	2004	2005
Target	25	-
Actual	-	-

Measure 6.2: Percent of targeted population involved in a disease management program to improve health indicators

	Fiscal Year	
	2004	2005
Target	25	-
Actual	-	-

Measure 6.3: Percent increase in fee-for-service Health Check participation rate

	Fiscal Year	
	2004	2005
Target	25	-
Actual	-	-

Measure 6.4: Health Check participation ratios for managed care plans

	Fiscal Year	
	2004	2005

Target	75	-
Actual	-	-

Measure 6.5: Increase the number of persons enrolled in the home- and community-based elderly and physical disabilities waiver

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 6.6: Percent payment accuracy through the MMIS

	Fiscal Year	
	2004	2005
Target	90	-
Actual	-	-

Measure 6.7: Percent of DC Public Schools submitted claims that are adjudicated within 45 days of receipt

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 6.8: Percent of Department of Mental Health submitted claims that are adjudicated within 45 days of receipt

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 6.9: Percent of Child and Family Services Agency submitted claims that are adjudicated within 45 days of receipt

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Health Promotion

	FY 2003*	FY 2004
Budget	\$31,508,036	\$32,746,096
FTEs	-	203

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The **Health Promotion** program is to provide wellness promotion, health education and information, interventions, public and general prevention health services (e.g. health screening and assessments, outreach and referrals, case management, pharmaceutical services, and other access to care services) to District of Columbia residents

and visitors so they can live healthier lives. Activities that occur within this program include the following:

- **Maternal and Family Health Services** - This provides outreach, assessments, health education, and referral and support services to District women, children and families so they can live healthier lives.
- **Nutrition Programs** - This provides health and nutrition assessments, interventions, education, food, fitness, promotion, and referral services to District families, infants, children, and seniors so they can have nutritious food and nutrition information.
- **Health Promotion Support** - This provides wellness promotion, health education and public information, health screenings, health outreach and referrals, and general prevention and support services to District of Columbia residents and visitors so they can be informed about health issues, have greater access to health care, minimize their chances of illness, and live healthier lives.
- **School Health** - This provides school-based nursing and wellness services to District school students so they can learn about health issues, be screened for childhood diseases, and be immunized and treated or referred for illness.
- **Pharmaceutical Services** - This provides acquisition, distribution, and drug information support services to District health services programs and eligible pharmacies so they can provide low income District residents access to life saving medications.

The Health Promotion program is charged with assessing and monitoring the health status of the community, providing health education and outreach promoting wellness, coordinating grants management, and implementing targeted public health services interventions. Health Promotion's goal is to advance and support a coordinated system of care that utilizes all sectors of the health care system. Another objective of the Health Promotion is to develop resources to fill gaps in the District's health delivery system and forge greater efficiency in the utilization of District, Federal and private resources. Health Promotion is responsible for advancing the inte-

gration of services that meet the needs of our families and the community.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 7: Health Promotion

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families and Elders

Manager(s): Ronald E. Lewis, M.P.P.

Supervisor(s): James A. Buford, Director

Measure 7.1: Percent increase of residents reached with health promotion/disease prevention information (89% in FY 2003)

	Fiscal Year	
	2004	2005
Target	90	90
Actual	-	-

Measure 7.2: Percent increase of live births where the women entered prenatal care during the first trimester of pregnancy (75% in FY 2003)

	Fiscal Year	
	2004	2005
Target	78	80
Actual	-	-

Measure 7.3: Percent increase of students receiving health services through the school nurse program (70% in FY 2003)

	Fiscal Year	
	2004	2005
Target	80	80
Actual	-	-

Measure 7.4: Percent of WIC and CSFP-eligible residents participating in nutrition intervention and education sessions (95% in FY 2003)

	Fiscal Year	
	2004	2005
Target	95	95
Actual	-	-

Measure 7.5: Percent increase of pharmacy drug requests processed within 72 hours (95% in FY 2003)

	Fiscal Year	
	2004	2005
Target	97	97
Actual	-	-

Policy, Planning and Research

	FY 2003*	FY 2004
Budget	\$5,306,183	\$3,404,299
FTEs	-	50

* FY 2003 program funding levels are presented for comparison purposes only.

Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The following are brief descriptions of activities that occur within this program:

- State Center Health Statistics - This provides health statistics and vital records to the District Department of Health and the public so they can have appropriate access to local vital records, and health statistics data.
- State Health Planning and Development - This ensures the provision of accessible, equitable high quality health care services and facilities to District residents so they may have equitable access to quality health care services.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 8: Policy, Planning and Research

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families and Elders

Manager(s): Carl W. Wilson

Supervisor(s): James A. Buford, Director

Measure 8.1: Percent of vital record actions completed

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 8.2: Percent of health data requests are filled

	Fiscal Year	
	2004	2005
Target	99	-
Actual	-	-

Measure 8.3: Percent of health information customers requesting service that are served

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 8.4: Percent of all requests for data and best practices research reports, decision papers, and guidelines/policies requested that are processed and prepared (subject to staffing)

	Fiscal Year	
	2004	2005
Target	80	-

Actual	-	-
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Measure 8.5: Percent of all requests for inter-agency strategies that are processed and prepared (subject to staffing)

	Fiscal Year	
	2004	2005
Target	66	-
Actual	-	-

Measure 8.6: Percent of strategic information and business systems plans developed

	Fiscal Year	
	2004	2005
Target	100	-
Actual	-	-

Measure 8.7: Percent of all DOH programs assessed for risk

	Fiscal Year	
	2004	2005
Target	99	-
Actual	-	-

Measure 8.8: Percent of all DOH staff trained on HIPAA privacy and security requirements and receive Privacy Standards and Policy Manual

	Fiscal Year	
	2004	2005
Target	85	-
Actual	-	-

Office of Emergency Health and Medical Services

	FY 2003*	FY 2004
Budget	\$533,072	\$11,753,029
FTEs	-	56

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The Emergency Health and Medical Services program provides assurance for timely and appropriate emergency medical services and information to District residents, healthcare providers, visitors and other stakeholders so they can be prepared before and after an emergency event and receive standard-of-care public health interventions. Activities within this program include:

- Emergency Medical Services (EMS) - This provides EMS oversight and regulation services to District EMS system providers so

they can provide consistent and standardized emergency medical responses.

- Clinical Affairs - This provides medical and clinical oversight, direction and health policy recommendation services to residents and healthcare providers so they can receive timely, accurate, and uniform health information to improve the status of their health.
- Bioterrorism and Emergency Response - This provides emergency response services to District residents, visitors and federal and other workers so they can receive rapid and appropriate responses to a public health or safety threat.

The Office of Emergency Health and Medical Services provides the personnel and resources for emergency response activities necessary to develop and expand the capacity of the Department of Health to coordinate and respond to Bioterrorism attacks or public health emergencies. The unit also includes emergency state certification and licensing operations for emergency medical technicians, and emergency response vehicles.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures

Program 9: Office Emergency Health and Medical Services

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families and Elders

Manager(s): Michael S. A. Richardson, M.D.

Supervisor(s): James A. Buford, Director

Measure 9.1: Percent of basic life support ambulances passing inspection

	Fiscal Year	
	2004	2005
Target	80	85
Actual	-	-

Measure 9.2: Percent of advanced life support ambulances passing inspection

	Fiscal Year	
	2004	2005
Target	80	85
Actual	-	-

Measure 9.3: Percent of healthcare providers trained in

emergency responses

	Fiscal Year	
	2004	2005
Target	60	70
Actual	-	-

Measure 9.4: Percent of institutions with updated bioterrorism plans

	Fiscal Year	
	2004	2005
Target	90	90
Actual	-	-

Agency Management

	FY 2003*	FY 2004
Budget	\$9,748,802	\$11,813,270
FTEs	-	105

* FY 2003 program funding levels are presented for comparison purposes only. Program budgets did not exist for FY 2003 for this agency because the agency had not yet created its new program structure based on performance-based budgeting.

The purpose of the Agency Management Program is to provide the operational support to the agency so they have the necessary tools to achieve operational and programmatic results. This program is standard for all Performance-Based Budgeting agencies. More information about the Agency Management program can be found in the Strategic Budgeting chapter.

For more detailed information regarding the proposed funding for the activities within this program please see schedule 30-PBB in the FY 2004 Operating Appendices volume.

Key Result Measures**Program 10: Agency Management**

Citywide Strategic Priority Area(s): Making

Government Work

Manager(s): James A. Buford, Director; Imeh Jones

Supervisor(s): James A. Buford, Director

Measure 10.1: Dollars saved by agency-based labor management partnership project(s)

	Fiscal Year	
	2004	2005
Target	-	-
Actual	-	-

Note: Agencies are establishing their cost-saving projects during the second-third quarters of FY 2003.

Measure 10.2: Percent of DOH's activities with long-range IT plans

	Fiscal Year	
	2004	2005
Target	95	95
Actual	-	-

Measure 10.3: Percent variance of estimate to actual expenditure (over/under)

	Fiscal Year	
	2004	2005
Target	5	5
Actual	-	-

Measure 10.4: Percent reduction of employee lost workday injury cases agency-wide as compared to FY 2003 baseline data (baseline data will be compiled during the fiscal year)

	Fiscal Year	
	2004	2005
Target	-10	-10
Actual	-	-

Measure 10.5: Rating of 4-5 on all four telephone service quality criteria: 1) Courtesy, 2) Knowledge, 3) Etiquette and 4) Overall Impression

	Fiscal Year	
	2004	2005
Target	4	4
Actual	-	-

Measure 10.6: Percent of Key Result Measures achieved

	Fiscal Year	
	2004	2005
Target	70	70
Actual	-	-

